

Interview with
Mr. Armand Feichtmeir, President,
Pan American Underwriters Company,
810 South Spring Street,
Los Angeles, California
June 19, 1957

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If you are interested in the health attitudes of braceros, the first thing that you should understand is that a great percentage of these men that come up here from Mexico are very health conscious, very doctor conscious, before they get to the United States in the first place. It would not be correct to assume that they have not had any contact with scientific medicine. They have definite ideas on this score. Now, when they first get here they will flock to see the doctors in the dispensaries that we've set up. They want to make sure at first to see if they are really getting what they are paying for. They have been told that \$4 a month is to be withheld from their paychecks; they want to see if it is part of the 'bite' or whether it is on the level. So they will come flocking in for, oh, the most trivial things: headaches, common colds, imaginary illnesses which the doctors can't even locate; things that Americans would never think of seeing a doctor for. When they get to the place of employment they will have been traveling for many days with very little to eat, so when they arrive in camp, the first thing they like to do is to make up for this and load in all the food they can take. This results in a lot of gastritis and stomach upsets and stomach trouble of one type or another. We can expect that a lot of them will be seeing the doctor for this reason in the first few days. They have, as I say, very definite ideas about what is wrong with them and what should be done about it. They very frequently assume without any question that they know more about the matter than the doctor does. They will not take pills, or syrups, or any other kind of medicine that is administered by mouth. They always feel that what they need is a shot and they ask for it; if they do not get one they are not very happy. We have found from experience also in the several years we have been doing this kind of work that we get along better if we have Spanish-speaking doctors. So I'd say that at the present time in our camp set-up, we have as many as 90% Spanish-speaking doctors. We've been building this up steadily. We would like to have 100%, because it goes without saying that you feel more at ease if the doctor speaks your language; you can tell him what is wrong with you and he will understand you. In cases where we can't have such an arrangement, though, we have a Spanish-speaking nurse and this, of course, is better than nothing. We have some reason to believe that part of the heavy load on the doctors might be simply due to misunderstanding between them and the patients; and this is another reason we have made a special effort to sign up Spanish-speaking physicians whenever possible.

We have dispensaries in, I should say, between 30 and 35 camps. You must understand that these are not all uniform. Some of them consist of one small room or maybe only part of a room that is also used for other purposes. These may be used for only a short while each week or each day. We range on up to very large and very well equipped dispensaries, even infirmaries with beds; maybe three or four rooms, with a full-time nurse and full-time doctor in attendance. This would be in the larger camps. We do not have any formula as to how big a camp has to be before we are going to set up a dispensary there. It depends on a number of things in addition to the size of the camp. Whether there is a doctor in the area close to the camp, and whether the doctors would prefer for the men to come into their offices, and so on and so forth. In general, when we find everybody is happy with the existing arrangements and there is no clinic, and if things are going smoothly, we don't rock the boat; we don't force the clinic on them. As far as size of the population is concerned, well, take San Diego County. The number of Mexican Nationals there never goes below 3,000 and yet we have no dispensary in the county. The reason for this is that the men tend to be scattered about in small camps. Also, there are co-operating physicians located very conveniently in Tijuana and Chula Vista. So

the camp managers simply take the men into the doctors' offices.

Altogether we get claims from 500 to 600 doctors every year, so obviously all the work isn't done by our own doctors. But it would be safe to say that the substantial majority is.

If you are interested in the history of our connection with this insurance program, I can say that we were in this from the very beginning. But let's go back even farther. During World War II, of course, the insurance for the Mexican National as well as the housing and feeding, and all the rest of it, were exclusively handled by the U.S. Government. This was an emergency program, and the U.S. Government thought it was proper that it should bear the burden. In 1949, Public Law 78 was passed by the Congress, giving the State Department permission to negotiate with the Mexican government to arrive at an International Agreement under which the bracero program could be revived. In the International Agreement, which was created as a result of these negotiations, on-the-job insurance was provided for from the very beginning. The standard work contract specified that the Mexican-National was to receive the same on-the-job coverage as domestic farm laborers in the area. In California, this meant they'd get Workmen's Compensation, with its standard guarantees. The agreement went on to say that if in an area there was no Workmen's Compensation, the bracero was to receive a minimum of \$1,000 for loss of life; so much for loss of leg; so much for loss of eye; and so forth and so on. These were the provisions which went into effect in Texas, for example, which has no Workmen's Compensation legislation.

But in this initial International Agreement, nothing was said about non-occupational illness or injury. Nothing was said about off-the-job insurance. Some of the growers were benevolent in this regard and would take it upon themselves to see that their men received decent hospitalization and medical care of one sort or another, when they were sick. In most cases, however, it was up to the men to get along as best they could. Many of them were going to the hospitals and running up heavy bills which they couldn't pay, and going heavily into debt. Frequently all the hospitals and the doctors could do was to write off these debts. When the men returned to Mexico, it was almost impossible to keep tabs on them. Many of the men were going to the Mexican Consuls and trying to get relief in this way. It was a mess.

Through the Consuls, the Mexican government got very interested, very perturbed. And it decided to do something about the situation. So in 1950, we were approached by the Consul General in this area and asked to draw up a program of off-the-job illness and accident insurance. We drew up a plan. The plan was then submitted by the local Consul to Mexico City, and the government of Mexico replied, "This is fine; it's okay. Let's go ahead with it, so long as it is made voluntary." They insisted upon this; so what we did was to go out into the various camps, the labor association camps, with the Consul, and explain to the men what this was all about; what they would be eligible for; the benefits that it would mean for them. And also we made it very clear that a certain amount would be deducted from their wages every payday whether they were sick or not. Then the Consul would ask the men for a vote. In those areas where the majority of the men were willing to go along with the plan, we would enter into a contract with the Association whereby the entire group was covered. We wrote our first policy in Blythe, in October of 1950. We went along on this basis for some little time. By and large, we were able to get most of the Associations interested because it was clearly to their advantage to have this thing systematized, and to have the men paying for it rather than the employer paying for it or feeling guilty if he didn't pay for it. So, we were growing.

But then the U.S. Employment Service, a division of the U.S. Department of Labor, which is responsible for the International Agreement and maintenance of the contract on this side of the border, pointed out to us that the standard contract

specified the deductions which were permitted. These included such things as board, but said nothing about health insurance. So, taking a strict interpretation of the law, we were acting illegally, although everyone agreed we were doing a worthwhile thing. So, in the next modification of the standard work contract---and of course this is subject to modification every time the two governments renegotiate the International Agreement---in the next version of the contract, another paragraph was added and it reads as follows: "Paragraph G: For insurance premiums, when authorized by the Mexican Government, under an insurance plan covering non-occupational injuries and diseases when such plan has been approved by that Government." This was added in August, 1951, if I remember correctly.

We continued, then, to go on under the voluntary agreement for another couple of years, until 1953. As I say, we were having no difficulty in getting the co-operation of the Associations. We had no difficulty whatever in getting the co-operation of the Consuls, because our program was saving them a lot of headaches, too. So, by 1953, every Association in the state, with the exception of one, which I will return to in a minute, had contracts with us. I might say we did not put the matter up to a vote with every new batch of new men who came in. That would become too cumbersome, since turnover is so rapid. With the agreement of the Consul General, we decided, once a group had voted to enter into the program, this camp was covered from that time on. The men were told at the border, El Centro, as they were coming into the country, whether or not they were going to camps which had deductions for off-the-job health insurance; and presumably, if someone objected violently to this they would not have to be sent up. But we had little trouble, little trouble at all.

Now, as I said, by 1953, everybody but one Association was working with us. That hold-out was in the Imperial Valley. It was the Imperial Valley Growers' Association, which had objected to the plan from the start. They said, when the Mexican government proposed in 1953 that the plan be made mandatory, they simply wouldn't go along; that the Mexican government couldn't do that. We tried to reason with them. We said to the manager of this particular Association, "What do you do with your men when they are sick?" He snorted and said, "We are only 12 miles from the border; we just throw their asses back across the border. There are plenty more who want to come here to work." That was his attitude. The Mexican Government went ahead with their plan and made the insurance compulsory. In the late summer of 1953, in July, they told the manager of this Association, "You either get health insurance for these men or you don't get any more braceros." What this guy did was to try to make a test case of it. He went to his Congressman. He had a great deal of influence with his Congressman. He was able to get a few braceros contracted unilaterally in August or September, 1953. That is, there was a contract between the grower and worker with the approval of the U.S. Government but not of the Mexican Government. He brought in a few men this way, but it aroused such a storm, he was forced to back down, and from that time on everybody has been covered.

In 1954, January, I think it was, when the International Agreement was up for renegotiation between the two governments, the Mexican Government hold out for a clause stating that they reserved the right to provide health insurance---off-the-job health insurance and death benefits---through their own agencies. Now, this threw things into a turmoil. The whole program was held up until March of that year, when finally the two governments were able to agree on the wording. As an outcome of all this, the Mexican Government sent up a fact-finding team that went over the whole country examining the various plans that were provided. It was thought that they would learn how this could best be done, and that their own Social Security agencies could be the vehicle for providing the insurance, which would be standardized throughout the country. They concluded, after this extensive survey, that our own carrier, Continental Casualty Company, was doing the best job of any in the country, and that they couldn't provide the same sort of services as reasonably as Continental

was doing. However, they did still feel they could and should provide burial benefits, since the men's bodies were being shipped back to Mexico for the most part anyway. What the Mexican Government did was to send out letters to every major insurance company in the country stating the specifications they were going to require for their off-the-job insurance contracts, and asking for bids.

Well, I went down to Mexico City to negotiate a contract with the Mexican Government. A number of other insurance men were also there. This whole matter was highly competitive. After knocking ourselves out, and I say that almost literally, we came up with a master contract which the Instituto Mexicano del Seguro Social--the Social Security Agency for Mexico--thought was the best that had been submitted. They accepted it as standard for the entire country, the entire United States. I have the letter here, as a matter of fact, from the Chief of the Instituto--Dr. Manuel Moreno Islas. He enjoys cabinet rank in the Mexican Government. This letter is dated January 18, 1955, and in it he assures me that Pan-American Underwriters has been chosen to direct the off-the-job health insurance program for the entire country. He tells me that he is writing to the U.S. Department of Labor to this effect, and that I am to proceed and line up our insurance carriers.*

Naturally, this made us very happy. I got very busy, and went around all over the country, lining up the carriers in the East, Midwest, South, and so forth and so on. We wanted to give other companies besides Continental Casualty a chance. I didn't want there to be any complaints that there was a monopoly going on here. Well, we got all set to roll. The letter had stated that March 1 was to be the kick-off date for this country-wide program. On February 28, the day before this was all to go into effect, I went back to Washington, D.C. I met there with representatives of the Mexican Government and we were on our way to the Federal Office Building to arrive at final arrangements with representatives of the U.S. Department of Labor.

I will never forget the ride we had in the taxi. In addition to a representative of the Instituto del Seguro Social, there was a Mr. Olivera, who was introduced to me as a "technical expert." I later found out he was actually the president of La Nacional, the largest insurance company in Mexico. Mr. Olivera said to me, "I don't think we will be able to start tomorrow after all. I think maybe we better point toward April 1."

"Why?" I said. "We have all the machinery set up. What's the trouble?" Well, for one thing, I found that the letter to the Secretary of Labor which was supposed to have been sent out with the one sent to me had, in fact, never been sent.

I will now give you some idea of why. This fellow, Olivera, said to me, "First of all, instead of sending 40¢ per month, per man, to the Instituto del Seguro Social, you must send 60¢." You should understand that the agreement we had negotiated in Mexico City was that \$4 a month were to be checked off from the men's wages, of which \$3.60 were to go to us for medical care and hospitalization. We were to send 40¢ down to Mexico to provide for death benefits and for burial and for a few other things. For example, in cases of pre-existing conditions--chronic conditions, cancer, tuberculosis, let us say--that were discovered here, and in which the man has to have long term care, the arrangement was that we were to send the man down to the Instituto del Seguro Social, which would provide long-term care as needed. We had what we thought was an iron-clad agreement that 40¢ was to go for these services. Now, he said we must send 60¢.

* A translated copy of this letter is attached.

Furthermore, he said, "You will provide the burial services; and you will provide the long term hospital care; not the Instituto del Seguro Social."

I said, "How can that be? You just said you want us to send 60¢ per month per man. What is going to be done with the money?"

He just shrugged and said, "Call it acquisition costs. Call it whatever you will. But this is what we demand."

"Well," I said, "we have figured our costs very closely here, and this is an impossibility. We can't provide your requirements on \$3.40 per month."

He replied to that, "I don't believe you have really gotten in touch with all the big insurance companies to see what they could do it for."

This really burned me, because I had done a lot of leg work. But I sat down and wrote letters to the ten largest writers of health and accident insurance in the country and I told them in detail the sort of benefits they would be asked to provide, and I asked them to give me a bid. Some of them didn't even bother to reply. The majority of them replied, but declined to bid, for various reasons. We got only two bids. One was for \$5.25 per man, per month; and the other was for \$6.50 per man, per month. Both of these were with the proviso that they be allowed to exclude things we were willing to include, such as drugs, transportation back to Mexico for men who had long term illness, and so forth. In other words, not one of them could come close to matching the bid of Continental Casualty. Well, I had done all I could and so I got back in touch with the people in Mexico, but they wouldn't budge. Neither would I, neither would my company. So, ever since, we have been going along with the status quo. That is to say, in each area, the Mexican Consul-General arranges with one or more insurance companies to provide the off-the-job insurance. There is no standard coverage; there is no standard premium; no standard policy.

We have been asked from time to time to go in and bail them out in areas such as Texas where there are something like 30 small companies handling the insurance for braceros. They are not doing a good job there. They aren't giving the benefits we are. But even so they are losing money. They are losing their shirts. By and large, the only people that are willing to touch it in Texas are fly-by-night outfits. So we get feelers to go into Texas and elsewhere. But I am not about to go in there. I am not about to go anywhere new, because of this experience, where it was proven that a Mexican business man, a competitor of ours, actually is able to override a decision of a man with cabinet rank, an official of the Mexican Government. We don't want to do business on this basis. We can't.

Let me say one thing about our negotiations with the Mexican officials down in Mexico City. I have been down there many times and when I got back in early 1955, or late 1954, at the time we were negotiating with the Government as I told you, everybody was amazed that I was able to arrive at this agreement without even a hint of mordida. People couldn't believe it, but it was true. I told them I was willing to swear on any stack of Bibles that they might care to bring around, that all our dealings had been entirely businesslike and there had had to be none of the things that I had been warned, before I went down there, might be necessary.

You ask what the relationship is between Pan-American Underwriters and the Continental Casualty Company. It is the distinction between an insurance broker and an insurance agent. The latter, the insurance agent or carrier, is a seller of insurance. He goes to the client. The insurance broker, is in effect, a buyer of insurance services on behalf of a client and our client is the Mexican government. Another function of the underwriter is to get data and facts about the risks that will be involved; and to draw up in great detail the kind of coverage that is desired

by the client. Then he goes out and tries to find a seller who is interested in selling on this basis. This is what we have done. We have found that Continental Casualty Company consistently makes bids that others can't touch. So, we have worked closely with them since our association with the program.

You ask on what basis we made our original estimates of how much utilization there would be, how much should be charged, and so forth. Well, this was determined for us by the Consul who originally contacted us. He said that in his opinion all the men could afford was 10¢ per day. So we were working with this fixed figure. What we did was go out to find the maximum of benefits that we could get for this amount of money. Since then, by the way, premiums have gone up to 13¢ per day.

Since we initially became associated with this program, we've also gone into on-the-job insurance, in which conditions are also fixed. That is, the benefits are specified by state law. There is to be no deviation from them. We have been able to enter successfully into this field, since there are obviously great efficiencies in our system. We already have dispensaries and doctors set up in many of the camps. It is rather simple to include on-the-job as well as off-the-job. This is what we call 24 hour coverage; we are providing it in many cases, although each Association is perfectly free to go with any Workmen's Compensation carrier it chooses.

Have we had any major headaches? I would say that doctor abuse is one. In fact, I will say this has been our number one headache as it has of everyone in this field. If you give me honest doctors, and a broad population base, I will give you comprehensive coverage like that we are giving the Mexican Nationals, for \$2 a month. I can write comprehensive insurance for everybody in California for that amount, given those conditions.

Let me give you an example of a glaring case of doctor abuse that we had just last fall. Last August, I believe it was. In one of the citrus associations, our doctor--our regular doctor--had to leave the area, and while he was away, some other doctors in the area got their hooks into one poor fellow. They didn't let go of him until he was dead. He had some ailment which was difficult to diagnose. They jumped right in. They gave this guy six different operations, for everything you can imagine. These operations were performed by five different doctors. The total claims involved were \$8,600. And, as I say, this fellow died in spite of all this. An autopsy was performed and it was found that he had died of a duodenal ulcer, which, interestingly enough, was one of the few conditions they hadn't operated for. Did we pay? Hell, no! We had no intention of paying. In fact, we intended to take the matter into court. We wanted to have a trial to let people know what was going on in the way of doctor collusion, fee splitting unnecessary surgery, and so forth. Well, we didn't actually go through with it. But, in any case we certainly didn't pay those claims. This is the sort of thing that has gone on and still goes on to some extent.

Do we have a medical doctor checking over the claims that come in--checking for abuses? No, at present we don't. We did have until recently, but we found out that the man who was checking for abuses was the number one abuser. He was a doctor who operated a drugstore and a clinic. What he was doing was asking that we buy all our drugs from him, and have all our clinic work and surgery done by him. And much of it, we found out, was unnecessary. So, we gave up the attempt to have an M.D. processing these claims. We now check them ourselves. Although we aren't M.D.'s, we know pretty well what is going on, from long experience.

They sometimes say to us that naturally we are able to give wider coverage for little cost, because we are dealing with a highly selected group. I am not at all sure this is the case. I'm not at all sure how much the screening at the border helps. There are two screenings, you know. One in Mexico, and one on the U.S. side

of the border. But they are grossly inadequate.

One of our doctors in Ventura was interested in this. Entirely on his own, he did some studies in the camp he was responsible for, and on the basis of his studies, he estimated that 20% of the men were coming in with venereal disease and 10% were coming in with malaria. This will give you an idea of how good the screening is.

Then, there was another doctor in Azusa who came in to us and said, "Now, look here; you are being taken. What you need is a more careful screening at the El Centro Reception Center." He offered to go down and to help out in the lines down there, where there were two doctors and 2,000 men or more going through every day. You can imagine what kind of exams they're giving.

So we said, "Fine. We'll pay you. It isn't going to cost the government anything. We are going to help the government out." We made the offer to the U.S. Public Health Service which is in charge of the screening at El Centro. They said, "No, you can't do it." We said, "Why not?" They said, "We can't have private enterprise alongside of government enterprise."

Well, as the next best thing, this doctor in Azusa said, "Well, all right. Let us just see what is coming through the screening down there." So he gave physical examinations to a sample of braceros on his own, just because he was interested. We paid for the laboratory tests, which cost us \$500. He gave thorough physical examinations to two bus loads of men who were coming into the San Gabriel Valley Labor Association camp at Irwindale. There were 69 men, who were examined the minute they stepped off the bus. They had no chance to pick up any bugs. They were in the same condition as they were when they passed through the lines at El Centro and certified as "healthy." Eighteen of these men had major physical defects.

You ask if the men who are coming now are on the whole any healthier than when we began writing insurance in this field back in 1950 and 1951. I can't make a statement on that. Sometimes you will go into a camp and they will be bursting with good health, in the pink of health. Other times you will find a bunch who are pretty sad specimens. I can't account for the differences.

Has there been any change in the rate of our utilization? The answer to that is "Yes, definitely." Every year has seen the utilization rates going up and they are still going up. The men are growing more and more acquainted with the program, more accustomed to taking advantage of it. So utilization has continually gone up.

You ask what kind of coverage these smaller companies, in Texas, for example, give. The standard--I am no authority on this--I would say, is a \$500 blanket for medical expenses, and that's it. Now, here on this sheet, you will find the history of our policies from the first of October, 1950, until June, 1956. More change is in store, by the way. I will let you know what we decide as soon as it is official. You will see at the beginning our total theoretical benefits for one man were \$2,874, and we have increased these steadily until at the present time the total benefits--these are theoretical, of course--are \$4,035 per man. You will also note that we have gradually cut down on our exclusions until at the present time only airplane accidents and on-the-job accidents and diseases are excluded.*

We cover all the men who come through the El Centro center, and that means that we have all of California, Oregon, Washington, Idaho, Montana; we have the Yuma area

* A copy of the document referred to is attached.

in Arizona. But the men going into Colorado, for example, go through different reception centers.

The Mexican Government still reserves the right to go into the business itself. We can be cut off at any time. But the fact of the matter is that the Mexican government knows that it can't do the kind of work we are doing as well as we are doing and as cheaply as we're doing. There is no doubt at all, that many people down there would like to be cut into this pie, but the officials who are responsible know that the repercussions would simply be too great if they were to take such a step.

It was seriously proposed last year that the Mexican Government take over and follow the general outline of the coverage we're giving, and charge for this 5% of the men's pay. Well, now, in many cases the men are earning \$100 a week in California. Five percent of this would be \$5 a week. We are giving coverage for \$4 a month. Well, obviously, somebody would get rich from this arrangement, but it never got off the ground, simply because it was so flagrant. You see, any such change is subject to review by the U.S. government also, and obviously they weren't about to approve anything like this.

COPY
(Translated from the Spanish)

MEXICAN INSTITUTE OF SOCIAL SECURITY
Mexico, D.F., Jan. 18, 1955

Mr. Armand Feichtmeir,
810 S. Spring St.,
Los Angeles, Calif., USA

Pursuant to the content of the policy presented by you under the general directive of the Mexican Institute of Social Security and the attachment you added later, derived from the conversation that you had with the Director General; it gives me great pleasure to inform you that the policy has been accepted, with the attachment containing five points, as the standard policy that will be used in the United States to insure Mexican braceros.

A copy of the aforementioned policy, its attachment, and our program will be sent to the Labor Department in Washington so that it may take measures within its competence.

In virtue of this, we request that at your first opportunity that you confirm that you will constitute our official agent, acting as Pan-American Underwriters, for contracting convenient companies that will work under our authority, complying with the policy and its attachment, with the understanding that we desire to begin our activities March 1, 1955.

Attentively,

The Chief of the Department,

Dr. Manuel Moreno Islas

HISTORY OF POLICY BENEFITS
Mexican Agricultural Workers Master Policy
Continental Casualty Company

Benefit	Oct., 1950	May, 1953	Jan., 1954	June, 1956
Life insurance (death, any cause)	\$1,000	\$1,000	\$1,000	\$1,000
Double indemnity (accidental death)	\$1,000	\$1,000	\$1,000	\$1,000
Burial expense (non- occupational death)	-----	-----	\$350	\$350
Loss of extremity, etc. ¹	-----	\$1,000 max.	\$1,000 max.	\$1,000 max.
Hospital room and board	\$279 max. ² (\$9/ day, 31 days.)	\$372 max. (\$12/ day, 31 days.)	\$372 max. (\$12/ day, 31 days.)	\$600 max. (\$15/ day, 40 days.)
Miscellaneous hospital expense	\$270 max. ³	\$300 max. ⁴	\$300 max.	\$300 max.
Doctors' services ⁵	\$200 max. ⁶	\$200 max.	\$200 max.	\$200 max.
Surgical expense ⁷	\$200 max.	\$250 max.	\$250 max.	\$250 max.
Diagnostic procedures	\$25 max. ⁸ (X-Rays only)	\$25 max. (X-Rays and laboratory)	\$25 max. (X-Rays and laboratory)	\$25 max. (X-Rays and laboratory)
Prescription expense	-----	\$25 max. ⁹	\$25 max.	\$25 max.
Weekly indemnity ¹⁰ (income insurance)	-----	-----	\$260 max. ¹¹ (\$10/week, 26 weeks.)	\$260 max. (\$10/week, 26 weeks.)
Transportation expense ¹²	-----	-----	\$100 max.	\$100 max.
Dental surgery ¹³	-----	-----	\$25 max. ¹⁴	\$25 max.
TOTAL, ALL BENEFITS	\$2,874	\$3,022	\$3,632	\$4,035

EXCLUSIONS

Venereal disease	Excluded	Dropped	-----	-----
Fighting	Excluded	Dropped	-----	-----
Intentional acts of others	Excluded	Dropped	-----	-----
Pre-existing conditions	Excluded	Excluded	Excluded	Dropped
Trips outside U.S. ¹⁵	More than 7 days	More than 7 days	More than 7 days	More than 30 days
On-the-job conditions	Excluded	Excluded	Excluded	Excluded
Attempted suicide	Excluded	Excluded	Excluded	Excluded
Airplane accidents	Excluded	Excluded	Excluded	Excluded
Attempted felony or resisting arrest	Excluded	Excluded	Excluded	Excluded

(Footnotes on next page)

- 1 The indemnities are as follows, for loss of, or loss of use of: both hands, \$1,000; both feet, \$1,000; both eyes, \$1,000; one hand and one foot, \$1,000; one hand and one eye, \$1,000; one foot and one eye, \$1,000; one hand, \$500; one foot, \$500; one eye, \$500; one digit, \$50; one digit (partial), \$25.
- 2 Maximum for any one accident or sickness.
- 3 Maximum for any one accident or sickness. Includes laboratory tests, operating room, drugs, and dressings.
- 4 Broadened to include ambulance and anesthetist's fee, if charged by hospital.
- 5 The schedule provides \$4.00 for first visit, \$2.00 for each subsequent visit in the doctor's office; \$4.00 for each visit in the insured employee's home (camp); and \$4.00 for each hospital visit.
- 6 Maximum for any one accident or sickness.
- 7 The policy contains a detailed fee schedule, ranging from \$5 for removal of foreign body from the eye to the maximum for stomach or bowel resection, removal of kidney, fenestration, shoulder or hip fixation, etc.
- 8 Maximum for any one accident or sickness.
- 9 Maximum for any one accident or sickness. Excludes vitamins, dietary supplements and patent tonics. Excludes medicines billed as part of hospital expense.
- 10 Takes effect 30 days after date of accident, 7 days after commencement of illness. Continues so long as insured employee is wholly and continuously prevented from engaging in any gainful employment, and is under the regular care and attendance of a physician.
- 11 Maximum for any one accident or sickness.
- 12 "When by reason of injury or..sickness existing at the time of the Insured Employee's entry into the U.S., for which .. expense is payable under (the policy), or requiring hospitalization beyond that provided in this policy, and the attending physician certifies that such an Insured Employee can be transferred to his home in Mexico without detriment to his physical condition, the Company will pay the reasonable expense to such transportation ...in no event to exceed \$100.00."
- 13 Includes only extraction or removal of teeth.
- 14 Aggregate limit during any one policy year.
- 15 "This policy does not cover any loss..resulting from accident occurring outside the states of the United States, except that occurring on a trip into Mexico for not longer than 7 days provided such trip is authorized and approved by the Holder." Subsequently extended to 30 days. This provision is included to provide coverage to insured employees who return to their homes temporarily on account of family emergencies or other "reasons of compassion."